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**CONFIRMATION NO. 5687**

<b>SERIAL NUMBER</b> 09/749,428	<b>FILING DATE</b> 12/28/2000  <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 2183	<b>ATTORNEY DOCKET NO.</b> 826.1657	
<b>APPLICANTS</b> Isao Yagasaki, Kawasaki, JAPAN; Toshimitsu Kuroda, Kawasaki, JAPAN;					
<b>** CONTINUING DATA *****</b> <div style="text-align: right; margin-right: 100px;"><i>None AS</i></div>					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2000-121581 04/21/2000 <span style="float: right;"><i>AS</i></span>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/07/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i> 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/> <i>Met after Allowance</i>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 6
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><i>A. Shepherd</i> Examiner's Signature</div> <div style="text-align: center;"><i>AS</i> Initials</div> </div>					
<b>ADDRESS</b> 21171					
<b>TITLE</b> Certificating system for plurality of services and method thereof					
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>			